

No. C 172235	Due no later than March 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable NORTHVIEW MEDICAL CLINIC, P.C. JEFFREY HARTFORD M.D. 8324 W NORTHVIEW STE 101 BOISE, ID 83704		JEFFREY HARTFORD M.D. 8324 W NORTHVIEW STE 101 BOISE, ID 83704	
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.				
<u>Office held</u> President	<u>Name</u> JEFF HARTFORD	<u>Street or P.O. Address</u> 10035 Highlander	<u>City</u> Boise	<u>State</u> ID
			<u>Zip</u> 83709	
5. Organized Under the Laws of: IDAHO C 172235		6. Signature <u>[Signature]</u> Date <u>2/5/08</u> Name (Typed or Printed) <u>Kelli A Ray</u> Title <u>Manager</u>		

Issued 01/02/2008

Do Not Tape or Staple

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